

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 West State Street
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208) 334-4250; Fax (208) 334-4398

APPLICATION FOR ADMINISTRATOR'S CERTIFICATE OF REGISTRATION

Nonrefundable Fee: \$300

<u>DO NOT WRITE IN THIS SPACE</u>	
Certificate No.:	
Receipt No.:	
Fee Received:	

TO THE DIRECTOR OF INSURANCE OF THE STATE OF IDAHO:

I hereby apply for an Administrator's Certificate of Registration subject to Section 41-913, Idaho Code.

1. Type of Entity (Individual, Partnership, Corporation, Other): _____
2. Name: _____
3. Social Security Number or FEIN: _____

Business Address (Physical Street)		Suite #	City	State	Zip or Foreign Country
Business Phone Number ()	Business Fax Number ()	Business E-Mail Address		Business Website Address	
Mailing Address	PO Box	City	State	Zip or Foreign Country	

5. What insurance experience have you or the corporate officers had?

Capacity Served	Where	Employer	Duration

6. Other than as given above, what experience, education, or training have you or the corporate officers had which, in your opinion, equips you to act as an insurance administrator? _____

7. Have you or any member of your firm ever been convicted of any crime of theft, embezzlement, failure to account, or any other irregularities in money transactions? ___ If so, give details. Attach extra sheet(s) if necessary. _____

8. Have you or any member of your firm had any professional, vocational, or business license denied, suspended, revoked, or restricted by any public authority in this or any other state; had such license subjected to a monetary fine; or withdrawn any application, or surrendered such a license, to avoid disciplinary action? _____ If so, give details. Attach extra sheet(s) if necessary. _____
9. Have your or any firm of which you were a member ever made a general assignment for the benefit of creditors, been insolvent, or been adjudged a bankrupt? _____
10. Do you presently have any clients in the State of Idaho? _____ If so, please explain. _____

The foregoing application, being first duly sworn, deposes and says that he or she has executed the foregoing application; that he or she has read said application and knows the contents thereof and attached thereto; that to the best of his or her knowledge and belief the statements made in said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he or she has read and understands the insurance laws of the State of Idaho.

If Corporation or other legal entity:

President: _____
(Please type name below signature)

(S E A L)

Secretary: _____
(Please type name below signature)

If Partnership:

Partner: _____
(Please type name below signature)

If Individual:

(Please type name below signature)

SUBSCRIBED AND SWORN BEFORE ME this ____ day of _____, 20____.

Notary Public
County of _____
State of _____
My commissions expires _____